



**Integrated Basic Services Support to IDPs, Returnees and Host Communities in East and South Darfur**  
**Reporting Period: January 01 - March 31, 2014**  
**AID-OFDA-G-14-00032**

**1. PROGRAM GOAL**

To contribute to the improvement of the overall health and wellbeing of internally displaced persons (IDPs), spontaneous returnees, and vulnerable host communities while supporting durable integration along the Nyala-Gereida and Nyala-Tulus corridors in South Darfur and in El Ferdous, Assalaya, and Ed Daein areas in East Darfur.

**2. GENERAL OVERVIEW**

American Refugee Committee's (ARC) program in Sudan has been responding to health crises amongst IDPs and vulnerable host populations since 2004. In fiscal year 2014, ARC expanded its programs in East Darfur to support sustainable and durable health programs for IDPs, returnees and host communities following the 2013 conflict in parts of East Darfur that displaced over 300,000 people from Ed Daein. In December 2014, ARC submitted a formal request for a cost modification to continue project AID-OFDA-G-14-00032. In April 2015 OFDA and ARC representatives signed the new agreement to extend activities to 30 June 2015.

Unlike previous reporting periods, during this reporting period (January – March 2015) security was largely stable across target communities in South Darfur. The ongoing tribal clashes in East Darfur have led to an influx of new IDPs in El Neem camp. In addition, the number of beneficiaries in Kalma camp remains high, as the 'new' IDPs have not yet returned to their original areas.

The security situation largely did not affect ARC's program implementation, as ARC staff were able to reach almost all target areas to provide services. Though travel to parts of East Darfur is still difficult, state authorities generally granted access to ARC's sites without delays to ensure services reach the target communities.

**Health:** ARC continued providing a basic package of primary health care services in 14 static clinics and one mobile clinic in Kalma camp. These services include curative consultations for the most common illnesses including provision of free drugs, reproductive health services for women of reproductive age, routine vaccination services, and management of injuries and other wounds. Curative consultations, basic RH services and routine vaccination services are available five days per week in all 14 PHCCs. ARC continues to support to the Malaria Control department of the State Ministry of Health (SMoH) by helping to diagnose and provide treatment kits and insecticide-treated nets to health facilities. ARC also participates in disease surveillance and response activities in the catchment areas of its supported health facilities by collecting and compiling data and submitting weekly disease surveillance reports focused on diseases with the highest outbreak potential. ARC has also maintained outbreak response kits in both South and East Darfur states.

**Nutrition:** This quarter, nutrition services were provided to 16 targeted supplementary feeding programs (TSFPs) and to 14 outpatient programs (OTPs), which are housed within 16 primary health care centers (PHCC). ARC also provided support to four stabilization centers (SCs) within Abu Ajoura, Kalma camp, Gereida camp, and Tulus rural hospital. This quarter, ARC's nutrition sector served 39,168 people (27,603 F, 11,565 M).

**WASH:** ARC continued to provide clean water, sanitation, and hygiene-promoting activities to residents in the Nyala-Tulus and Nyala-Gereida corridors, to IDPs in Gereida and Kalma camps, and to returnees in Belail locality. With the increase in the number of new IDPs in Kalma camp last spring, the water supply became insufficient and ARC had to tanker water to the new arrivals.

Collaboration and coordination with all relevant stakeholders and sector actors is paramount to all of ARC's activities. Members of the ARC team participated in all relevant inter-agency meetings at both the field (locality and state) and Khartoum levels, as well as in meetings with various governmental bodies, line ministries, and the Humanitarian Aid Commission (HAC). Collaboration with respective ministries and local partners continued through joint implementation of project activities, as well as updating OFDA Khartoum on all operation challenges as appropriate. ARC has also submitted weekly updates and monthly reports as required by HAC.

**3. MAJOR SUCCESSES AND CHALLENGES**

## **Sector 1: Health**

*Objective: To reduce maternal and child morbidity and mortality and increase utilization of health services among IDPs, spontaneous returnees and host communities in selected areas in East and South Darfur states.*

### **Sub-sector 1: Health Systems and Clinical Support:**

During the reporting period 81,544 people (45,219 F, 36,325 M) received services from one of the ARC-supported health facilities. (The significant increase in this number since last quarter can be attributed to ARC's improved data collection, due to the presence of a new Health Manager in Ed Daein.) ARC also ensured the availability of essential drugs to all health facilities through distribution of 11 Rapid Response Kits (RRK) to the supported PHCCs during this quarter. The RRKs contained most of the essential drugs needed for these health facilities and were supplied by WHO. ARC has also supplemented the RRKs with additional drugs, especially for children < 5. (Supplemented drugs included Amoxicillin syrup, Metronidazol syrup and Zinc.) In addition, laboratory items and consumables were also distributed to ARC-run laboratories at three PHCCs.

Patients with complicated medical conditions that need admission and observation are admitted and observed for six hours. The patient is assessed and if improved discharged. Patient who have not improved are referred to the nearest hospital for additional care. During the reporting period 114 patients (70 F, 44 M) with complicated medical conditions were referred to the Nyala Teaching Hospital for secondary medical care. ARC supported the referrals by contributing to transportation and stay costs.

ARC, in collaboration with SMOH, conducted one three-day refresher training on medical waste management. Participants at this training included ten participants from ARC supported health facilities in the Kalma camp.

### **Sub-Sector 2: Communicable Diseases:**

ARC continued to support 14 (of 15 static health facilities) and one mobile clinic by providing health services focused on prevention and treatment of common communicable diseases. (One health facility—the 15<sup>th</sup> targeted PHCC—in El Neem camp in East Darfur is still under construction. Health service provision will start once it has been completed.) A total of 19,274 people received treatment for the most common causes of morbidity across all of ARC's supported health facilities. The most common illness was diarrhea with a total of 9,073 cases, (4,033 of whom were children <5. The next most common illness was Acute Respiratory Infection (ARI) with 3,761 people treated (2,029 were children <5). For more information, see Table 1.

Table 1: Five most common causes of morbidity in the ARC-supported health facilities, January – March 2015						
Disease	Number of cases					Percentage of total cases
	< 5 years		> 5 years		Total	
	Male	Female	Male	Female		
Diarrhea	1,959	2,074	2,534	2,506	9,073	47%
ARI	573	772	1,071	1,345	3,761	20%
Malaria	503	149	286	261	1,199	6%
Injuries	328	430	1,298	1,146	3,202	17%
Unexplained fever	331	416	496	786	2,029	10%
Total	3,694	3,841	5,685	6,044	19,264	100%

ARC continued to support the immunization activities in all PHCCs, targeting children < 5 years and women of child bearing age. During Q5, 9,810 children < 5 and 3,989 women of reproductive age received vaccination services at one of the ARC-supported facilities. Per WHO and Sudan's Ministry of Health standards, ARC has also continued to run functional cold chains with fully functional Expanded Program of Immunization (EPI) capability in health facilities in Al Safia, Gereida, Kalma sector-1, Bulbul Tembesco, Tulus, Dimso, Abu Ajoura, and Bulbul Abujazo.

ARC is currently in discussions with the SMOH to establish one more cold chain facility at the Eltomat clinic.

### **Sub-sector 3: Reproductive Health:**

All of the clinics supported under this project have continuously provided basic RH services to women of reproductive age, with 24-hr RH services available at Al Safia, Kalma center-6 and Babanosa PHCCs. General RH services include antenatal care (ANC), delivery by skilled personnel, postnatal care (PNC), family planning services, stabilization and referral of complicated deliveries to secondary health care facilities. A typical ANC service includes the provision of clean delivery kits and Iron and Folic acid (Fefol) supplements, and the provision of newborn kits if the visit is just before delivery. Post natal care includes providing vitamin A supplements and advice on family planning. In addition, ARC has provided Basic Emergency Obstetric Care (BEmOC) services in Al Safia at a clinic for women who developed

complications during delivery. Table 2 shows the number of women that have attended the different RH services in ARC supported clinics during Q5.

<b>RH services</b>	<b>Numbers Reached</b>
Antenatal Care	11,456
Tetanus Toxoid (TT)	4,131
Ferrous and Folic Acid	11,347
Clean delivery kits	920
Deliveries assisted by skilled personnel.	1,255
Post Natal Care	1,865
<b>Total</b>	<b>30,974</b>

In addition, ARC supported the referral of 99 RH clients that needed secondary level care because of obstetric complications to Nyala teaching hospital. Most cases involve obstructed labor, previous scarring, post-partum hemorrhage, or pre-eclampsia. The number of women who receive skilled care at birth is lower than the number of pregnant women attending ANC. Discussion with midwives and mothers revealed that the majority of the women deliver at night at home under the care of other women. Fewer deliveries happen during the day. Communities in Kalma camp have put in a request for Kalma Sector 6 to operate at night. Men confirmed that if services were offered they would accompany their wives to the health facility.

During the reporting period, ARC conducted supportive supervision to the supported clinics and distributed RH supplies to all health facilities. During this reporting period, one training on the standard case management of Sexually Transmitted Infection (STIs) was conducted in Nyala, and 10 RH staff participated in a training on infection prevention and control in Bulbul Tembesco PHCCs.

#### ***Sub-sector 4: Community Health Education/Behavior Change:***

ARC has continued health education and behavior change communication activities in supported health facilities and in the community through a network of community health volunteers (CHVs) from the target population. During the reporting period, 46,468 people were reached by health and nutrition messages. The key topics covered in the health education sessions included: prevention and control of HIV/AIDS, prevention and treatment of STIs, prevention of water-borne diseases, sanitation and personal hygiene, and prevention of communicable diseases including skin infections, diarrhea, Tuberculosis, Malaria, Meningitis, and ARI.

ARC conducted a three-day refresher training for 20 CHVs from Kalma camp on behavior change communication and major health messages.

## **Sector 2: Nutrition**

*Objective: To improve the nutrition status of children <5 and pregnant and lactating women in South Darfur.*

Through Community Based Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF), ARC works to reduce global-acute malnutrition (GAM) levels below the emergency threshold. The CMAM program targets Severely Acute Malnourished (SAM) children aged 6-59 months through an Outpatient Therapeutic Program (OTP). SAM cases with medical complications are admitted to Stabilization Centers (SC). The Supplementary Feeding Program (SFP) targets Moderate Acute Malnutrition (MAM) in children aged 6-59 months and in pregnant and lactating women (PLW). Both MAM and SAM beneficiaries received IYCF services focusing on optimal IYCF practices among mothers and caregivers.

#### ***Sub-sector 1: Infant and Young Child Feeding (IYCF) and Behavior Change:***

This quarter, 12,203 people (11,053 F, 1,150 M) benefited from community sessions and outreach programs regarding IYCF. Outreach activities focused on empowering the community with optimal IYCF practices that include early initiation, optimal exclusive breastfeeding, optimal complementary feeding and minimum dietary diversity. Both males and females were involved since both are crucial to decision making at the household level.

House to house visits were conducted to spread the IYCF message and pass on practical hygiene and sanitation knowledge to 377 households with children <5 years. The household visits reached 3,107 people (2,638 F, 469 M) from the target population. Many women highlighted that the support of the nutrition workers had allowed them to successively practice exclusive breastfeeding and to overcome challenges, including the lack of enough breast milk, positioning, and attachment among others.

In order to enhance dietary diversity as a core IYCF indicator, 95 cooking demonstration sessions were conducted during Q5 using locally available foods. A total of 3,043 adults (2,861 F, 182 M) participated, and 532 children (271 F, 261 M) were fed with wet rations during these sessions. These sessions provided an opportunity for mothers to share their cooking skills and to learn from each other.

#### ***Sub-sector 2: Management of Moderate Acute Malnutrition (MAM):***

The TSFP program served 6,334 beneficiaries (3,847 F, 2,487 M.) The expected caseload for the period was 8,380, so the program successfully achieved 76% treatment coverage. According to SPHERE standards, minimum coverage for an IDP situation should be 90% and in rural areas should be more than 50%. ARC supports communities made up of IDPs, returnees and the host community, which explains a coverage rate lower than SPHERE standards

A total of 2,602 MAM cases, including 275 PLWs and 2,327 children <5 were newly-admitted during the reporting quarter. The number of new MAM admissions was slightly lower than the previous quarter (2,895), which could be attributed to the season since it is the post-harvest period when the majority of the people have better access to food.

The high quality of services provided in the supported TSFPs sites is demonstrated by the high program performance indicators. The average cure rate for the reporting period was 89% and the death rate was 0.1%, both well within the targeted SPHERE standards. Table 3 shows the performance indicators during the reporting period in comparison with the SPHERE standards.

<b>Table 3: MAM performance indicators during the reporting period</b>					
	Jan	Feb	Mar	Average	SPHERE standard
Cured	89%	90%	87%	89%	> 75%
Death	0%	0%	0.2%	0.1%	< 5%
Defaulter	8%	7%	9%	8%	< 15%
Non-respondent	3%	3%	4%	3%	

The other activity performed during the reporting period was screening of children for malnutrition using the measurement of Mid Upper Arm Circumference (MUAC), screening for early detection and treatment of malnourished cases. 15,094 (6641 M and 8453 F) children were screened with MUAC at both the community and facility level. 79% (11,895) had a MUAC above 12.5 cm which is well nourished, 15% (2,228) had a

MUAC between 11.5 and 12.4 cm and were referred to SFP centers. 6% (880) had a MUAC below 11.5 cm and were admitted to OTP. 91 children had medical complications and were admitted to in-patient care.

### **Sub-sector 3: Management of Severe Acute Malnutrition (SAM):**

During the reporting quarter, 1,675 severely malnourished children (945 F, 730 M) benefited from OTP services. Among the beneficiaries, 110 F and 76 M were aged 6-11 months while 835 F and 654 M were aged 12-59 months. The expected caseload for the period was 1,585, which is lower than the actual number of beneficiaries served, achieving 106% coverage. This was attributed to high caseloads in Kalma camp, which in turn could have been caused by the continued arrival of new IDPs. The number of new admissions to the OTPs was 1,090, a decrease by 30% from the previous quarter (1,537), which is probably due to the post-harvest season.

<b>Table 4: SAM performance indicators during the reporting period</b>					
	Jan	Feb	Mar	Average	SPHERE standards
Cured	94%	94%	95%	94%	>75%
Death	0.3%	0%	0%	0.1%	< 5%
Defaulter	4%	4%	0.6%	3%	<15%
Non-respondent	2%	2%	4%	3%	

The high quality of services provided in the supported TSFPs is demonstrated by the high program performance indicators. The average cure rate for the reporting period was 94.4% and the death rate 0.1%, well within the targeted SPHERE standards. The defaulter and non-respondent rates are also within an acceptable range. Table 4 shows the performance indicators during the reporting period in comparison with the SPHERE standards.

## **Sector 3: Water, Sanitation and Hygiene (WASH)**

*Objective: To improve the water, sanitation and hygiene conditions for IDPs, returnees and host populations.*

ARC continued to provide clean water, sanitation, hygiene-promoting activities to residents in Nyala-Tulus and Nyala-Gereida corridors, Gereida camp, Kalma camp, and Belail locality in South Darfur and El Neem camp, Asalaya and Yassin localities in East Darfur.

### **Sub-sector 1: Environmental Health:**

During the reporting period ARC worked jointly with WASH partners in Kalma camp and in Gereida camp to organize and implement 38 clean-up campaigns in the respective camps. A total of 132,140 individuals benefited from these activities. ARC provided tools and equipment (such as wheel-barrows, rakes, grass-cutters, brooms and baskets) for garbage collection and disposal during the campaigns. The main areas targeted in the campaign are markets, slaughter houses, schools, mosques and roads. The collected garbage was burned, which reduced the number of breeding sites and habitats for vectors. Approximately 82 tons of garbage were collected and disposed. The campaigns were supervised and closely monitored by the Sanitation and Hygiene Promotion teams.

### **Sub-sector 2: Hygiene Promotion:**

During the reporting period ARC hygiene promoters conducted 96 hygiene promotion sessions in Gereida camp, Kalma camp and rural communities in Abuajura, Kukuja, Shangi, Bulbul Tembesco and Al Safia in South Darfur state and El Neem camp, Yassin and Assalaya villages in East Darfur reaching 2,494 people (2,272 F, 222 M) and members of 11 women's hygiene clubs.

In addition, 8,965 households (HH) in IDPs camp in South Darfur, East Darfur and rural communities were visited during the same period. ARC, together with the trained WASH committee members, conducted house to house visits, inspected the houses' hygiene and sanitation conditions and provided specific advice and education based on the findings. This activity reached a total of 44,825 people.

During the reporting period, 16 jerry can cleaning campaigns were conducted in various IDP camps and rural communities in South Darfur. During these events 10,675 jerry cans were cleaned using powder soap mixed with gravel. Hygiene and sanitation messages were disseminated to 4,324 adults (3,158 F, 1,166 M) during these campaigns.

### **Sub-sector 3: Sanitation infrastructure**

During this month ARC's WASH sector team constructed 200 HH latrines for 5,000 individuals in El Neem camp – sector 4A. This intervention ensured the user per HH latrine ratio was 10:1 within the SPHERE standard, for the neediest households whose latrine pits were reaching their full capacity or had to be replaced. ARC provided slabs and super structures (bamboo, plastic sheet and wooden poles) while the community provided labor for constructing their own latrines. ARC also supported construction of an institutional latrine (one block with six pits, three pits for women, three for men and VIP Latrine ratio was 50:1 pit) within the SPHERE standard) at the ARC-supported PHCC clinic in El Neem camp in East Darfur.

### **Sub-sector 4: Water supply infrastructure:**

ARC continued to provide safe drinking water for 58,149 people in Kalma Camp – Sector 8. One solar energy system to power the submersible pump at the borehole was installed in Sector 8. Three new boreholes were constructed and fitted with two motorized pumps, providing an extra 150m<sup>3</sup> per day (60 from new solar-powered pump and 90 from three new boreholes). Prior to the additional boreholes, water consumption was 3m<sup>3</sup> per person per day, which was below the SPHERE standard of 7.5m<sup>3</sup>/p/d (in emergencies). With additional boreholes, water consumption for the target areas has increased to 10m<sup>3</sup>/p/day. The total amount of water produced and supplied during the quarter was 56,700m<sup>3</sup>, with nine l/p/d for the new arrivals in sector 8 and 12 l/p/d for the previously existing sectors 4a, 4b and 9.

The other activity ARC conducted under this subsector was the chlorination and Free Residual Chlorine (FRC) monitoring. This quarter 852 samples were checked and the FRC rate was between 0.2 – 0.5 mg/l at water points and 0.0 – 0.2 mg/l in household water storage containers. A total of 270 HHs was included in the testing routine.

Repair and maintenance of the water system continued in Kalma Camp. Eight hand pumps and two generator sets were repaired by WASH the Management Committees in Kalma Camp in Sectors 4a and 8. This is a good indication of community ownership and preparedness to take over and maintain the project when ARC phases out. The rehabilitation of two high-capacity water yards in El Ferdous and Asalaya in East Darfur are also ongoing.

## **4. CHALLENGES**

- Program monitoring and evaluation requires that the number of consultations at a clinic is tracked without double counting. SMOH guidelines require that a patient is recorded once a year in the attendance register, with "revisits" noted for the subsequent visits. The process requires patient cards/identifying number to help track new and revisits. According to the health team, these cards are expensive for clinic clients to purchase, and are frequently lost or forgotten at home. This necessitates continuous replacement, adding to the cost burden. This leads to significant double counting - an ongoing challenge in data collection and analysis, as evidenced by the high number of beneficiaries recorded at the sector level.
- There were delays in the approval and procurement process for the rehabilitation of three water yards. The long procurement process is delaying the implementation of this WASH project and affecting the cost of the projects. ARC has waited for more than a month for the official approval for two water yard rehabilitations in Assalaya and El Ferdous.
- There has also been a delay in recruiting program staff to start operations in the Adilla locality unit. ARC has not yet received the final HAC form for Adilla in East Darfur, which has also caused some delays in the implementation for the project.